

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

HCTC

'07 JAN 26 P4:16

LOBBYIST REGISTRATION FORM COMMISSION

(Type or Print Clearly) PARTI **LOBBYIST** NAME (Last) (First) (Middle) **TELEPHONE** Linda Chu 545-3060 Takayama **MAILING ADDRESS (Street)** FAX P.O. Box 1196 545-1182 (City) (State) (Zip Code) 96807 Honolulu Hawaii **TELEPHONE** EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **MAILING ADDRESS (Street)** FAX (City) (State) (Zip Code)

PART II ORGANIZATION						
NAME OF ORGANIZATION YO	TELEPHONE					
Hawaii Science & Techi	536-4670					
MAILING ADDRESS (Street)	FAX					
735 Bishop Street, Suite	536-4680					
(City)	(State)	(Zip Code)				
Honolulu	Hawaii	96813				
NAME OF PERSON RESPONSIBLE	TELEPHONE					
Lisa Gibson	536-4670					
MAILING ADDRESS (Street)	FAX					
735 Bishop Street, Suite	536-4680					
(City)	(State)	(Zip Code)				
Honolulu	Hawaii	96813				

LREG 03/2005 Page 1 of 2

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agricultu	ire	☐ Education	☐ Human Services	Science, Technology & Economic Development	
Commur Public U	nications & tilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation	
Consum-	er Protection &	Hawaiian Affairs	☐ Labor & Employment	Transportation	
Culture, Preserva	Arts, Historic ation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Environn	Energy nental Protection	☐ Housing	☐ Public Safety & Corrections		
PARTIV	CERTIFICATION				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
MU	. Ull			1-26-07	
	(\$	Signature of Lobbyist)		(Date)	
PART V	AUTHORIZATION	TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTE		OR PERSON REPRESENTED	
Lisa Gibs	son		President		
NAME OF C	RGANIZATION (if appl	icable)		TELEPHONE	
Hawaii Science & Technology Council 536-4670				536-4670	
MAILING ADDRESS (Street)				FAX	
735 Bishop Street, Suite 401				536-4680	
(City)	(State)	(2	Zip Code)	
Honolulu		Hawaii	Hawaii 96813		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Dixa of. Misson 1-70.2007					
(Signature of Authorizing Officer or Person Represented)			ented)	(Date)	